| MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE |   |
|---|---|
| 731 MEDICAL EXAMINER'S CERTIFICATE OF DEATH   | R |

|               |  | 731 N                              | IEDICA           | L EXAMI                             | NER'S                                    | CERTIFIC  | ATE OF                 | DEATH                                   | Reg. Dis    |                        | 6726                       |
|---------------|--|------------------------------------|------------------|-------------------------------------|--|---|------------------------|---|-------------|------------------------|----------------------------|
| 1.            | PLACE OF DEATH<br>D. COUNTY  | How                                | ard              | M                                   | ARYLAND                                  | 2. USUAL RESIDENC<br>o. STATE   | Where deced            | sed lived. If Instit<br>b. COUNT        | 1           | o before               | admission)                 |
| ŀ             | o. CITY OR TOWN (IF  | outside corporate limits.<br>RY KU | write RURAL      | c. LENGTH OF ST.                    | AY IN 16                                 | c. CITY OR TOWN   | If autside cor         | porote limits, with                     | RURAL ond   | A. I. Santa            | est town)                  |
| -             | Murray   | n or institution                   | I (If not in has | pital, give street add              | dress)                                   | d. STREET ADDRES  | ffen r                 | uld R                                   | rd          |                        | IS RESIDENCE<br>ON A FARM? |
|               | NAME OF DECEASED (Type or print)                                   | HARLES                             | First R          | Middle<br>242aN                     | CR                                       | ummill  | 4. DATE<br>OF<br>DEATH | Moni                                    | h           | Day<br>13              | Year<br>196/               |
| 5. \$         | M  | 6. COLOR OR RAC                    | WIDOWE           | DIVORCE                             | ED X                                     | DATE OF BIRTH   | 387                    | 9. AGE (In years lost birthday) 73 yrs. | Months D    | 1                      | UNDER 24 HRS.<br>aurs Min. |
| 13.           | FATHER'S NAME  WAS DECEASED EVE.  100, or unknown)                 | W W. S. ARMED                      | Cru              | arminy  menif  social security      | +  | 14. MOTHER'S MAIDE  TO REPORT OF THE PROPERTY | NAME  4  E.            | 5+1m                                    | 12. CITIZ   | 4.5.                   | ry: Wed                    |
|               | 18. CAUSE OF DEAT PART 1. DEAT                                     | MORICI WA                          | cause per line   | 19-12-8<br>for (a), (b), and (c).   | 199 v                                    | Thin  | MURI                   | Ray                                     | RO          | INTERVAL<br>ONSET AN   | SETWEEN ND DEATH.          |
|               | Canditions, if an gave rise to immed (a), stoting the ucause lost. | DUE 1                              | (p)              |                                     |  |   |                        |   |             |                        |                            |
| CERTIFICATION | PART II, OTH   | ER SIGNIFICANT CO                  | ONDITIONS CO     | MONUS                               | W 10 10 10 10 10 10 10 10 10 10 10 10 10 | OT RELATED TO THE TE  | ERMINAL DISEAS         | E CONDITION GI                          | VEN IN PART | 1(o) 19. V<br>P<br>YES | PERFORMED                  |
|               | 20g. EXTERNAL CAU<br>PRIMARY Gr CON<br>CAUSE OF DEATH.             |                                    | 20b. DESCRIBE    | HOW INJURY OCC                      | CURRED. (En                              | ter nature af injury in   | Port I or Port II      | of item 18.)                            |             |                        |                            |
| MEDICAL       | 20c. TIME OF INJUR<br>Hour o. m.<br>p. m.                          |                                    | While            | NJURY OCCURRED Not while rk ot work | 20e. PLAC<br>focto                       | E OF INJURY (Home, ry, street, affice bldg.,  | form, 20f. (Cit        | y or town)                              | {Cour       | nty)                   | (Stote)                    |
|               | 21. I certify the deoth resulted                                   |                                    |                  |                                     |  | e, held an Auto   | 1 /                    | nspection X                             | , Inquiry   | <b>X</b> , 0           | and find that              |

ACTUAL SIGNATURE

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DATE SIGNED 1-13-61

> (State) long

EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BUBIAL, CREMATION, AEMOVAL (Specify) 22b. DATE THEREOF 22d, LOCATION (City, town, or county)

22C NAME OF CEMETERY OR

24g, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS fie

DATE AN 1 6 '61

arthur S. Frank

| DYNOR | SU AO STAD PIT SED S   | CAL EXAMINEE              |                             |
|-------|--|---------------------------|-----------------------------|
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|       |  | Alexander                 |                             |
|       | Recent time and and  |                           |                             |
|       |  |                           |                             |
|       | HOLLING TO STATE OF THE STATE O |                           | The second second           |

may be revained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by rine funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. \*er death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL

VR A1S (4) 1SM 9/59

| MAKILAND STATE DEPARTMENT OF HEALTH                                |    |
|--|----|
| DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLA | NE |
| CERTIFICATE OF DEATH   |    |

| 732 CERTIFIC   | CATE OF DEATH  | 27               |
|--|--|------------------|
| 1. PLACE OF DEATH G. COUNTY Harrand MARYLAN  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission. STATE b. COUNTY According to the country of the country | ion)             |
| b. CITY OR TOWN (If autside carporate limits, write RUKL and give nearest town)  | 1b c. CITY OF TOWN (If audide carporate limits, write RURAL and give nearest tawn  | )                |
| d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION   |  | PARM?            |
| 3. NAME OF DECEASED (Type or print) Walter D. Middle   | OF /   | Year<br>19 6 /   |
| 5. SEX  6. COLOR OR RACE  7. MARKETS NEVER MARRIED  WIDOWED  DIVORCED  | 8. DATE OF BIRTH 9. ASE (In years IF UNDER 1 YEAR IF UNDER 1 Y | Min.             |
| 10a. USUAL OCCUPATION (Give kind af wark dane during mast af working life, even if retired)                                | NOUSTRY 11. AUTHPLACE (State or foreign country) 12. CITIZEN OF WHAT C   | OUNTRY?          |
| 13. FATHER'S NAME (herles W. 1) arely  | Man Chattan Penny  |                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECORITY NO. 17. (If yes, give war or dates of service)            | Mes Darathy Brain Laire  | 'Sur             |
| 1B. CAUSE OF DEATH [Enter only one cause con line for (4) (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | Haemonhaa interval be onset and  |                  |
| Canditions, if any, which)  DUE TO Mycardia  | al Insufficienty 6 mm  | · Pco            |
| gave rise to immediate cause (a), stating the under-lying cause last.  |  |                  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  |  | AUTOPSY<br>RMED? |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | JRRED. (Enter nature af injury in Part I ar Part II af item 18.)   |                  |
| 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat while at wark at wark                                  | e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)  (Caunty)   | (State           |
| 21. I certify that (I) (this haspital) attended the deceased fra   | of death accurred to A. M., from the causes and an the date stayed   |                  |
| 220. SIGNATURE MANUELS :   |  | b.DATE<br>SIGNED |
| 22c. PHYSICIAN'S Frank E. Shipley,   | M.D. Savage, Wa  |                  |
| 230 BURIAL, CREMATION, 23b. DATE THEREOV 23c NAME OF CEMETER CHEMOVAL (Specify)  | piscopal Com Jurgard Med   | e)               |
| 21. EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ALLER   | 25g. REC'D BY AGISTRAR / 25b. REGISTRAR'S SIGNATURE  DATE FEB 1 '61 Outlan S. Kraus  |                  |

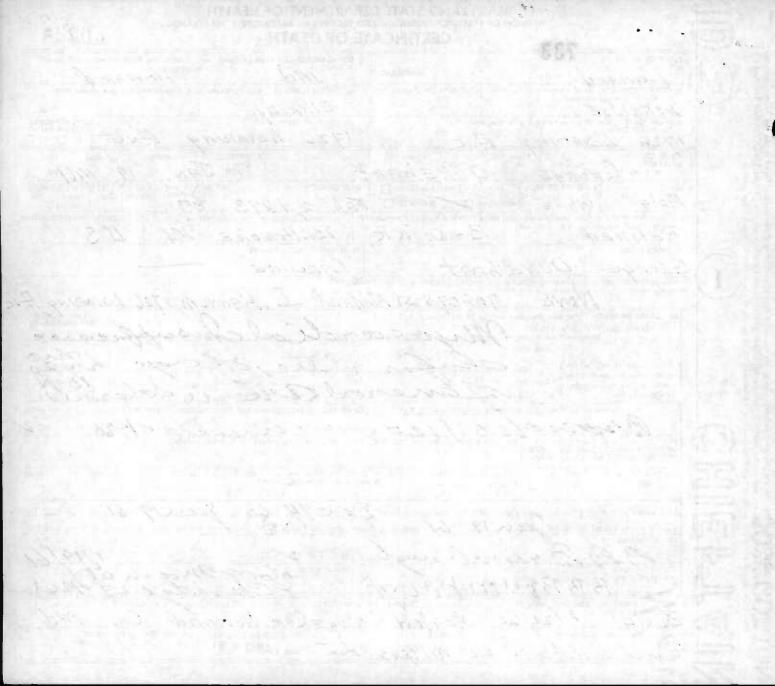
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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

66728

|            |  |                          |  |  | 000-0                             |                 |
|------------|--|--------------------------|--|--|-----------------------------------|-----------------|
| 1          | 1. PLACE OF DEATH O. COUNTY  | MARYLAND                 | 2. USUAL RESIDENCE (Who                                    | ere deceased lived. If institution b. COUN | ution: Residence before admission | 1)              |
| $\sqrt{A}$ | HOWARD   |                          | 140  | +  | LOWARD                            |                 |
| W III      | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   | LENGTH OF STAY IN 16     | c. CITY OR TOWN (If or                                     | otside corporote limits, write             | RURAL and give nearest town)      |                 |
|            | ElkRIdgE   |                          | X Elkaid   | 95   |                                   |                 |
| 1          | d. NAME OF HOSPITAL (If not in hospital, give street addr. OR INSTITUTION  | ess)                     | d. STREET ADDRESS  |  | e. IS RESIDE                      | ENCE            |
| 1          | 1726 HEYEIZING AN  | -                        | 1726 4   | EVERING                                    | AVE YES !                         |                 |
|            | 3. NAME OF DECEASED (Type or print) GEORGE D   | UKE hAR                  | → Last   | 4. DATE OF DEATH JAN                       | onth Day Yes                      | ÞΓ              |
|            | S. SEX  6. COLON OR RACE  7. MARRIED [ WIDOWED [   |                          | DATE OF BIRTH  | 9. AGE (In yeo last birthdoy               | Months Doys Hours                 | 24 HRS.<br>Min. |
|            | 10a. USUAL OCCUPATION (Give kind of work done lob. KIND dwing most of working life, even if retired)   | OF BUSINESS OR INDUST    | Battin   | IORE MA                                    | 12. CITIZEN OF WHAT COL           | JNTRY?          |
| 1          | 13. FATHER'S NAME  |                          | 14. MOTHER'S MAIDEN N                                      |  |                                   |                 |
|            | GEORGE DUKE PAR  | 27                       | CAROLIN  |  |                                   |                 |
| 1          | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI  | IAL SECURITY NO. 17. INI | FORMANT  | A  | ddress                            |                 |
|            | 140NE 7.05   | -07-8251 MI              | dried L.   | HANNUM 1                                   | 721 HEVERING                      | Pry             |
|            | 18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY; IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. | yoca<br>refir            | and an   | Chise<br>Joys's<br>NAL DISEASE CONDITION O | INTERVAL BETWOONSET AND DI        | TOPSY           |
| 9          | 5 marcho   | anoc                     | emon   | 10.605                                     | PERFORM YES N                     |                 |
|            | OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   | YOW INJURY OCCURRED      | . (Enter nature of injury in P                             | ort I or Part II of item 18.)              |                                   |                 |
|            | 20c. TIME OF INJURY Month, Doy, Year 20d. INJUR Hour o. m. While of work   |                          | CE OF INJURY (Home, form, ory, street, office bldg., etc.) |  | (County)                          | (Stote)         |
|            | 21. I certify that (I) (this haspital) attended  | the deceased fram.       | Dec 14, 190  | o to lan                                   | 1961, that (1) (we                | ) last          |
|            | saw the deceased alive an 220. SIGNATURE   | 1963/, and that de       |  | M, fram the causes of                      | and an the date stated a          | ATE             |
| 1          | 22c. PHYSICIAN'S   | baugh                    | A.D. ATTENDING DIR   | ECTOR PHYS.                                | 1/19/                             | IGNED           |
|            | NAME (Type) BBB TUM  | paugh                    | 26   | 2pride                                     | e 27 mg                           | 4.              |
|            | 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23o. REMOVAL (Specify)   | . NAME OF CEMPTERY OR    | CREMATORY  | 23d. LOCATION (City, Jown                  | , or county) (Stote)              | 0               |
|            | DURA DIRECTOR'S CICALATION   | 75AGOW                   | KidgE (em)   | HOWARD                                     | Lo, 140                           |                 |
|            | 24. FUNERAL DIRECTOR'S SIGNATURE   | ADDRESS                  | Hite DATE JA   |  | Dribus & Phone                    |                 |
|            | THE PALLUDING TO   | CALL IN THE              | PART DAIL OUT  |  |                                   |                 |



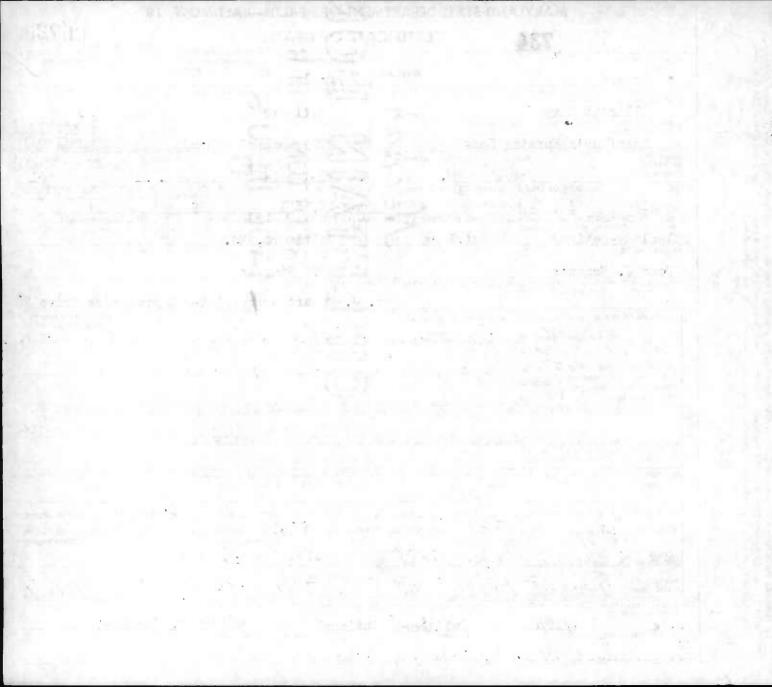
VS A1S (4) 1SM 9/SB

| ARYLAND | STATE | DEPARTMENT | OF | HEALTH-BALTIMORE, | 18 |
|---------|-------|------------|----|-------------------|----|
|         |       |            |    |                   |    |

734 CERTIFICATE OF DEATH

on Dist No 66729

| . PLACE OF DEATH o. COUNTY Howar   | d  |                                   | MARYL  |   | usual residence (<br>o. STATE<br>Maryland  | Where deceased   | d lived. If instituti<br>b. COUNTY   |   | ce before a                 | dmissian)                         |
|--|--|-----------------------------------|--|---|--|--|--|---|-----------------------------|-----------------------------------|
|  | (If outside carporate limits   | s, write                          | c. LENGTH OF STAY II   | N 1b  | c. CITY OR TOWN (  | If outside corpo   | rote limits, write R   | URAL ond                                      | give negrest                | town)                             |
| RURAL and give   |  |                                   |  |   |  | 1.40   |  |   | 01.                         | - 21                              |
|  | ott City   |                                   |  |   | Baltimo  | re   | 24   | 5 ¥   | 91.                         | Leg-                              |
| OR INSTITUTION   | ITAL (If nat in haspital, gi   | ve street                         | address)   | 10  | d. STREET ADDRESS  |  |  |   |                             | S RESIDENCE                       |
| Shaef  | fer's Nursi  | ng Ho                             | ome  |   | 2703 Ch  | eswolde  | Road   | 1577  | YI                          | S NO                              |
| NAME OF  | Firs   | t                                 | Middle   | A -C  | Lost   | 4. DATE  | Mor  | nth   | Day                         | Year                              |
| (Type or print)  |  | rie                               | W.   | -   | therlet  | DEATH  | Jan.   | 11  | , ve selve                  | 1961                              |
| . SEX  | 6. COLOR OR RACE   | 7. MARR                           | RIED NEVER MARRIED   | D   B. D/   | ATE OF BIRTH   |  | <ol><li>AGE (In years lost birthdoy)</li></ol>   |   |                             | JNDER 24 HR                       |
| Female   | White  | WIDOWE                            | DIVORCED   | □ Jur   | ne 15,1891   |  | 69 yrs.  |   | 04/1                        |                                   |
| a. USUAL OCCUPAT   | ON (Give kind of work d  | ane 10b.                          | KIND OF BUSINESS OR  |   |  | ate ar fareign c   | ountry)  | 12.CITI                                       | ZEN OF WI                   | AT COUNTRY                        |
|  | rking life, even if retired)   | τ                                 | Jutalona   |   | Doltimo  | ma Md  |  |   |                             |                                   |
| Saleslady-<br>B. FATHER'S NAME   | ne cired   | 1_1                               | Hutzlers   | 114   | Baltimo  | I NAME   |  |   |                             |                                   |
|  |  |                                   |  |   |  |  |  |   |                             |                                   |
| John J.  |  |                                   |  |   |  | urken  |  |   |                             |                                   |
| (es, no, or unknown)   | ER IN U. S. ARMED FORC   |                                   | SOCIAL SECURITY NO.  | INFO  | THAM   |  | Add  | ress  |                             |                                   |
| No   | (11 yes, give wor or ourse or ser  | (100)                             |  | Man   | Dohout   | Guthber  | let-200  | Brook   | side                        | Drive :                           |
|  |  | 1                                 |  | IIII a t  | Lobert   |  |  |   |                             |                                   |
|  | ATH (Enter gally gae cgu   | se per liz                        | ne for (a) (b) and (c) 1   | ILIL.   | J-BOOR .   | 444001   |  |   | INTERV                      | AL RETWEEN                        |
| 18. CAUSE OF DE  | ATH [Enter only one cou  | se per lir                        | ne far (a), (b), and (c).]   | ITIL's E  | hobert   | ~  |  |   | ONSEL                       | AL BETWEEN                        |
| 18. CAUSE OF DE  | ATH [Enter anly ane cau<br>ATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (o)   | ise per lir                       | ne far (a), (b), and (c).]   | PIL.  | Celus  | ion  |  | 19  | ONSET                       | AND DEATH                         |
| 18. CAUSE OF DE  | ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)   | use per lir                       | ne far (a), (b), and (c).]   | 36  | Oce (us  | ion  |  | 9   | ONSET                       | AL BETWEEN<br>AND DEATH           |
| 1B. CAUSE OF DE  | ATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO   | use per lin                       | ne far (a), (b), and (c).]   | 76  | o Robert   | ion  |  |   | INTERV                      | AL BETWEEN<br>AND DEATH           |
| 1B. CAUSE OF DE PART I. DE Conditions, if of   | ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Dony, which ) (b)  | ose per lir                       | ne for (a), (b), and (c).]   | 76  | o nobert   | ion  |  | 9   | INTERV                      | AL BETWEEN<br>AND DEATH           |
| 18. CAUSE OF DE PART I. DE Conditions, if a  | ATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  DUE TO  Dony, which immediate  DUE TO   | use per lir                       | ne for (a), (b), and (c).]   | 76  | )Ce(us   | ion  |  | 9   | INTERV                      | AL BETWEEN<br>AND DEATH           |
| 1B. CAUSE OF DE PART I. DE Conditions, if of   | ATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  DUE TO  Dony, which immediate to the under-   | ose per lir                       | ne for (a), (b), and (c).]   | 7 6   | )Ce(us   | ion  |  | -   | INTERV                      | AL BETWEEN<br>AND DEATH           |
| PART I. DE  Conditions, if a gave rise to couse (o), stoting lying couse last  | ATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  DUE TO Dony, which (b). immediate (to under to under |                                   | cronar   | 7 6   | celus  | ion  | F CONDITION GI   | VEN IN PAR                                    | ONSE                        | AND DEATH                         |
| PART I. DE  Conditions, if a gave rise to couse (o), stoting lying couse last  | ATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  DUE TO  Dony, which immediate to the under-   |                                   | cronar   | 7 6   | celus  | ion  | E CONDITION GIV  | VEN IN PAR                                    | ONSET                       | VAS AUTOPS'                       |
| PART I. DE  Conditions, if a gave rise to couse (o), stoting lying couse last  | ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO cony, which immediate the under: Column (c) THER SIGNIFICANT COND  | DITIONS                           | CONTRIBUTING TO DEA  | TH BUT NOT  | CECUS  | RMINAL DISEAS  |  | VEN IN PAR                                    | ONSET                       | VAS AUTOPS                        |
| PART I. DE  Conditions, if a gave rise to couse (o), stoting lying couse last  | ATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  DUE TO Day, which immediate immediate to the under- Inter SIGNIFICANT COND  AS UNDERLYING   1   | DITIONS                           | cronar   | TH BUT NOT  | CECUS  | RMINAL DISEAS  |  | VEN IN PAR                                    | ONSET                       | VAS AUTOPS'                       |
| PART I. DE  Conditions, if a gave rise to couse (o), stoting lying couse last  | ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO cony, which immediate the under: Column (c) THER SIGNIFICANT COND  | DITIONS                           | CONTRIBUTING TO DEA  | TH BUT NOT  | CECUS  | RMINAL DISEAS  |  | VEN IN PAR                                    | ONSET                       | VAS AUTOPS'                       |
| PART I. DE  Conditions, if a gave rise ta couse (o), stoting lying couse last  PART II. OI  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF  | ATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  DUE TO DOPY, which immediate immediate the under- There significant cond  AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)   | DITIONS C                         | CONTRIBUTING TO DEA  | TH BUT NOT  | RELATED TO THE TES   | RMINAL DISEAS  | t II af item 1B.)  |   | T 1(a) 19. V                | VAS AUTOPS' ERFORMED? S NO        |
| PART I. DE  Conditions, if a gave rise ta couse (o), stoting lying couse last  PART II. OT  PART II. OT  20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF)  | ATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  DUE TO DOPY, which immediate inthe under- THER SIGNIFICANT COND  AS UNDERLYING  CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Day, Year   | DITIONS C                         | CRIBE HOW INJURY OC  | TH BUT NOT  | CECUS  | RMINAL DISEAS  | t II af item 1B.)  |   | ONSET                       | VAS AUTOPS'                       |
| 18. CAUSE OF DE  PART I. DE  Conditions, if a gave rise to couse (o), stoting lying couse last  PART II. OT  20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF)  | ATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  DUE TO DOPY, which immediate immediate the under- There significant cond  AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)   | DITIONS C                         | CONTRIBUTING TO DEA  | TH BUT NOT  | RELATED TO THE TES   | RMINAL DISEAS  | t II af item 1B.)  |   | T 1(a) 19. V                | VAS AUTOPS' ERFORMED? S NO        |
| IB. CAUSE OF DE  PART I. DE  Conditions, if a gave rise to couse (o), stoting lying couse last  PART II. OI  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)  4. CONTRIBUTION (IF EITHER, NOTIF)  Whour o. m. p. m.   | ATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  DUE TO Duy, which immediate if the under- ther SIGNIFICANT COND  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Day, Year   | DITIONS C                         | CRIBE HOW INJURY OC  | TH BUT NOT  | RELATED TO THE TES   | RMINAL DISEAS  | t II af item 1B.)  | (0  | T 1(a) 19. V<br>P YE        | VAS AUTOPS' ERFORMED? S NO        |
| Conditions, if gave rise to couse (o), stoting lying couse lost OR CONTRIBUTION (IF EITHER, NOTIF)  20c. TIME OF INJUMENT OF I | ATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  DUE TO DOPY, which immediate inthe under- THER SIGNIFICANT COND  AS UNDERLYING  CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Day, Year   | DITIONS C                         | CRIBE HOW INJURY OC  NJURY OCCURRED  Not while of work  ed from. Alexa   | TH BUT NOT  CURRED. (E. foctory,                              | RELATED TO THE TEST  THE NATION OF INJURY (Home, for street, office bldg.,   | RMINAL DISEAS  | t II af item 1B.)  | (0  | T 1(a) 19. V<br>P YE        | VAS AUTOPS' ERFORMED? S NO        |
| Conditions, if gave rise to couse (o), stoting lying couse last  PART II. OI  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF INJU Hour o. m. p. m.   | ATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  DUE TO Duy, which immediate if the under- ther SIGNIFICANT COND  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Day, Year   | DITIONS C                         | CRIBE HOW INJURY OC  NJURY OCCURRED  Not while of work  ed from. Alexa   | TH BUT NOT  CURRED. (E. foctory,                              | RELATED TO THE TES   | RMINAL DISEAS in Port I or Por porm, 20f. (City  | t II af item 1B.)  | ,thot I lo                                    | T 1(a) 19. V                | VAS AUTOPS' ERFORMED? S NO        |
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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| 736 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | MA  | RYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, | 18             |
|---|-----|--|----------------|
| Keg, Dist, F                                | 736 | MEDICAL EXAMINER'S CERTIFICATE OF DEATH      | Reg. Dist. No. |

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| 1. PLACE OF DEATH                             |  |               |   | 2. USUAL RE        | SIDENCE (W                | /here decea  | ed lived. If Institu   |                 | ce before odi | mission)    |
|---|--|---------------|---|--------------------|---------------------------|--------------|--|-----------------|---------------|-------------|
|   | Howard   |               | MARYLAND                                | O. SIAIE I         | Maryl                     | .and         | b. COUNT   | How             | ard           |             |
| b. CITY OR TOWN (I                            | If outside corporate limits, writen)             | RURAL         | c. LENGTH OF STAY IN 16                 | c. CITY OF         | TOWN (IF                  | outside cor  | porote limits, write   | RURAL ond       | ive nearest t | own)        |
| Daytor  | rural)   |               | 2 years                                 | Rura               | al -                      | Davt         | on   |                 |               |             |
| d. NAME OF HOSPI                              | TAL OR INSTITUTION (                             | f not in hosp | pitol, give street address)             | d. STREET          | ADDRESS                   |              |  |                 |               | RESIDENCE   |
| Brownbi                                       | cidge Road                                       | 1             |   | Brown              | nbric                     | lge R        | oad  |                 |               | □ NO ⊠      |
| 3. NAME OF<br>DECEASED                        | Fin  | ıt            | Middle                                  | Los                | •                         | 4. DATE      | Montl  | n               | Doy           | Year        |
| (Type or print)                               | Louise   |               |   | ohnson             |                           | DEATH        | Januar   | У               | 2             | 1961        |
| 5. SEX  | 6. COLOR OR RACE                                 | 7. MARRIE     | D NEVER MARRIED 8                       | DATE OF SIRT       | 1                         |              | 9. AGE (In years   | IF UNDER 1      |               | DER 24 HRS. |
| Female  | White  | WIDOWED       | DIVORCED                                | Sept. :            | 27, 1                     | .911         | de de la   | Months De       | ays Hours     | Min.        |
| On. USUAL OCCUPATI                            | ON (Give kind of work on Life, seven if refired) | done 10b. K   | IND OF SUSINESS OR INDUST               | RY 11. BIRTHPL     | ACE (Stote                | or foreign   | country)   | 12. CITIZE      | N OF WHA      | COUNTRY     |
|   | nurse  | - 41          | ome-nuh ome                             | _                  | aryla                     |              | 2071   |                 | U.S.A         |             |
| 13. FATHER'S NAME<br>Willia                   | am Edward  | Musg          | rove                                    | 14. MOTHER'S       | MAIDEN N                  | Hel          | en Walk  | er              |               |             |
|   | ER IN U. S. ARMED FO                             |               | SOCIAL SECURITY NO. 17. IF              | NFORMANT           |                           |              | Address  |                 |               |             |
| (Yes, no, or unknown) NO                      | (If yes, give war or dates of                    |               | 17-36-5839                              | Mrs. 1             | Tlmon                     | Day          | Jr. Da   | vton.           | Md.(          | Dang        |
|   | TH [Enter only one cau                           |               |   | ******             | 3411101                   | Day          | JOE . Da   | y COII,         | INTERVAL BETY | WEEN        |
| PART I. DEATH WAS CAUSED BY: A GUATO GOARD IN |  |               | failm                                   |                    |                           |              |  | ONSET AND D     |               |             |
|   | IMMEDIATE CAUSE (o)                              | AC            | uce Carurac                             | Tallui             | LE                        |              |  |                 | Inst          | ant         |
| 1420  | DUE TO   |               |   |                    |                           |              |  |                 | 11            |             |
| Conditions, if o                              |  | Cor           | onary artery                            | y occlu            | ision                     |              |  |                 |               |             |
| (o), stoting the                              |  |               |   |                    |                           |              |  | 100             |               |             |
| cause lost.                                   | ) (c)  |               |   |                    |                           |              |  |                 |               |             |
| PART II. OT                                   | HER SIGNIFICANT CON                              | DITIONS CO    | NTRIBUTING TO DEATH BUT N               | OT RELATED TO      | THE TERMI                 | NAL DISEAS   | E CONDITION GIV  | EN IN PART 1    | (o) 19. WAS   | ORMED?      |
| 3   | Codillo III                                      |               |   |                    |                           | 5.40         |  |                 | YES 🗌         | NO 🔯        |
| PART II. OTI                                  | USE WAS<br>NTRIBUTING []                         | b. DESCRIBE   | HOW INJURY OCCURRED. (E                 | inter noture of in | ijury in Port             | l or Port II | of item 18.}   |                 |               |             |
| 20c. TIME OF INJU<br>Hour o. m.<br>p. m.      | RY Month, Day, Yea                               | While         |   | CE OF INJURY (I    | Home, form<br>bldg., etc. | 20f. (Cit)   | or town)   | (Count          | (y)           | (Stote)     |
| 21. I certify t                               | hat I took charge                                | of the re     | emains described abo                    | ve, held an        | Autopsy                   | П. І         | nspection [].  | Inquiry         | 🔀, and        | find the    |
|   |  |               | , Accident [], Suid                     |                    |                           | Bearing 1    | ndetermined o  |                 | LICH!         | 7110        |
|   |  | 7 - 70        |   |                    | Junicide                  | <u> </u>     |  |                 |               |             |
| ACTUAL<br>SIGNATURE                           | harles S   | . Wh          | Toker M.D                               | CHIEF A            | MEDICAL EX                | AMINER 📋     |  |                 | DATE          | SIGNED      |
|   |  |               |   |                    | NT MEDICA                 | L EXAMINE    | R  | Jan             | . 3.          | 1961        |
| EXAMINER'S<br>NAME (Type)                     | Charles S.                                       | TaTle -       | taleon M D                              | DEPUTY             | MEDICAL E                 | XAMINER [    | <b>X</b>   |                 |               |             |
|   | ON, 226. DATE THEREO                             | F WILL        | taker, M.D.<br>22c. NAME OF CEMETERY OR |                    |                           |              | TION (City, Iown, o  | or county)      | (Sto          | vie)        |
| REMOVAL (Specify                              | 1-6-61   | 3 // 3        | Providence                              |                    |                           |              | nelg, Md   |                 | (316          |             |
| Burial Burial Burial                          |  |               | ADDRESS                                 |                    | 24a 9FC'F                 | 8Y REGIST    |  | TRAR'S SIGN     | ATURE         | AC-1        |
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FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) s necessary, in director. Page for your files. b. COUNTY Howard a. COUNTY Howard Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and giva neerest town) may be retained for your 2 with the State Board of Elkridge Elkridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE tould be executed within 24 hours after death. If any death, in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained for burial-transit permit. File pages 1 and 2 with the State Bo moval, and in any event, within 72 hours after death. ON A FARM? off Mayfield Rd., back of his YES NO TO Meadow Ridge Road 4. DATE 3. NAME OF house DECEASED OF (Type or print) DEATH AL BERT 1961 MOORE January S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED TONEVER MARRIED last birthday) Months December 4, 1888 Colored WIDOWED DIVORCED [ Male 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Siele or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if retired) Laborer Marvland FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Moore Cassie Thomas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivawer or detes of service) Mrs. Dorothy Conway. Guilford Rd., Box 191 This certificate should be executed Guilford. NTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: complicating acute alcoholism removal, and IMMEDIATE CAUSE (a) Exposure DUE TO Conditions, if eny, which (b) lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used as a britis designated agent, prior to burial, cremation, or rem geve rise to immediate cause DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY [ ] or CONTRIBUTING [ Found frozen lying on back EXAMINER: CAUSE OF DEATH. WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (Stale) fectory, streat, offica bldg., etc.) While Not While Elkridge at work at work Back of home Howard 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection . Inquiry and in my opinion MEDICAL death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 1/9/61 DEPUTY Russell S. Fisher, M.D. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b., DATE THEREOF 22d. LOCATION (City, town, or country) (State) RENTOYAL (Specify) Asbury Methodist ... Jessup, Md. g40 g 23. FUNERAL DIRECTOR L. Suowde Rockville, Md. 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur & Krous 5M 7/59 DATE

MARYLAND STATE

Division of STATISTICAL RES

EARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2

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### **CERTIFICATE OF DEATH**

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| 190  |             | OLIVIII I                             | CAT      | - 01 527                                 |                         |   | Reg. Dis    | t. No.             |                                       |
|--|-------------|---------------------------------------|----------|--|-------------------------|---|-------------|--------------------|---------------------------------------|
| 1. PLACE OF DEATH  o. COUNTY  Howard Count   |             | MARYLA                                | ND       | USUAL RESIDENCE o. STATE Md              |                         | b. COUNTY                               | Pro         | Georg              | ges /                                 |
| b. CITY OR TOWN (If outside corporate li<br>RURAL and give neorest town)<br>Fulton, Md   | mits, write | c. LENGTH OF STAY IN                  | 16       | 3826                                     |                         | Place                                   | URAL ond o  | ive neares         | t towp)                               |
| d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION Simons Nursing Hob  |             | oddress)                              |          | d. STREET ADDRES                         | twood M                 | i.                                      |             |                    | IS RESIDENCE<br>ON A FARM?<br>(ES NO) |
|  | rina        | Rebecca Pic                           | kard     | Lost                                     | 4. DATE<br>OF<br>DEATH  | Jan                                     |             | Day                | Yeor<br>19 <b>61</b>                  |
| 5. SEX 6. COLOR OR RAC white   | 7. MARE     | NEVER MARRIED  ED TO DIVORCED [       | _ INO    | v 13,                                    | 1881                    | 9. AGE (In years lost birthdoy) 79 yrs. |             |                    | UNDER 24 HRS.                         |
| 10a. USUAL OCCUPATION (Give kind of worduring most of working life, even if retine Housewife   | ed)         | KIND OF BUSINESS OR I                 | NDUSTRY  | Washing                                  |                         |   |             | S A                | WHAT COUNTRY?                         |
| 13. FATHER'S NAME William H Gr   | <b>å</b> ve |                                       | 1.       | Amy L                                    | en name<br>ovejoy       |   |             |                    |                                       |
| 15. WAS DECEASED EVER IN U. S. ARMED FO<br>(Yes, no, or unknown) (If yes, give war or dates of   | PRCES? 16.  | social security no.                   | 17. INFO | J Grove                                  | Co                      | Add                                     |             | Marvl              | land.                                 |
| PART I. DEATH Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE  Conditions, if ony, which gove rise to immediate couse (a), sloling the under- lying couse last. | (o)         | Acute card                            |          |  |                         |   |             | ONSET<br>11        | AL BETWEEN<br>AND DEATH<br>HOURS      |
| PART II. OTHER SIGNIFICANT CO  | 20b. DES    | CONTRIBUTING TO DEATH                 |          |  |                         |   | EN IN PART  | F                  | WAS AUTOPSY<br>PERFORMED?<br>ES NO    |
| 20c. TIME OF INJURY Month, Doy, Hour o.m. 19   | While       | NJURY OCCURRED 20 Not while k of work | foctory  | OF INJURY (Home,<br>street, office bldg. | farm, 20f. (City, etc.) | or town)                                | (C          | ounty)             | (Stote)                               |
| 21. I certify that I attended the January S  |             |                                       |          | curred at 6:0                            |                         | n the causes of                         | and on th   | ast saw<br>te date | DATE SIGNED                           |
| PHYSICIAN'S Charles  | s. W        | hitaker, M                            |          |  | Clark                   | sville,                                 | Md.         |                    | 19-61                                 |
| 220. BURIAL, CREMATION, REMOVAL (Specify)  Burial  Jan 12  |             | 22c. NAME OF CEMETE Arlingto          |          |  | 22d. LOCA<br>Arli       | TION (City, town, on the Nation Vi      | rgini       | .a                 | (Stote)                               |
| 23. FUNERAL DIRECTOR'S SIGNATURE   | - 1913      | ADDRESS                               | 1163     |  | REC'D BY REGIST         |   | STRAR'S SIG |                    |                                       |

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou may be retained by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in poge 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

> VS A15 (4) 15M 9/SS

ofter death: Page 4

he funeral director, should be filed with

CERTIFICATE OF DEATH Store of THOU IN THE PARTY OF Bit Buottans all Continue of the property of the same of th 6881 · 52 Vol. [] - 52 www. - 50 () [] - 52 () | 52 () | 52 () | 52 () | 53 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () | 54 () and the company of the second control of the contro construction of the description of the description of the same the same that the first of the same that the same is \$100 to the same at the same time after \$100 to \$ BEEL CORTES OF THE STATE OF THE A MARKET TO SERVICE OR DESIGNATION OF THE SERVICE O Darkel Land Continue of the co The state of the s Bethe and comment of the comment of MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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ICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is pacessary, please execate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction of the 4 shauld be the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. TO DEPUTY

| cute the cerestacts, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 shauld |       | matic |      |
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| d. N  3. NAI DEC (Typ  5. SEX  100. US durin Ma. 13. FAT  15. WA (Yes. no.   | Old Court ME OF EASED OF OF PINH)  Male SUAL OCCUPATION ( ng most of working lif Sonary Cort THER'S NAME   | Fire Color or RACE White Give kind of worke, even if retired)                         | ROM  7- MARRI WIDOWE      | MARYLAND  c. LENGTH OF STAY IN 1b  spiral, give street address)  Middle  STONES TFER  ED NEVER MARRIED   8.  D   DIVORCED | a. STATE  a. CITY OR TOWN (I)  Woodst  Jd. STREET ADDRESS  Old Court  Loss  DATE OF SIRTH | f autside corp       | b. COUNT porate limits, write  Montl | HOW:       | and give r | e. IS R<br>ON<br>YES | esiden<br>A FAR |
|--|--|---|---------------------------|---|---|----------------------|--------------------------------------|------------|------------|----------------------|-----------------|
| d. N  3. NA/DEC (Typ)  5. SEX  100. US durin Ma. 13. FA1  15. WA (Yes. no.   | ITY OR TOWN (If outside give neorest town)  Woodstacl AME OF HOSPITAL (CONTINUE OF HOSPI | Fire Color or RACE White Give kind of worke, even if retired)                         | ROM  7- MARRI WIDOWE      | Middle  STONES IFER  ED NEVER MARRIED 8.  | c. CITY OR TOWN (I)  Woodst  Jd. STREET ADDRESS  Old Court  Lost                          | Found  Road  4. DATE | Montl                                | RURAL o    | nd give r  | e. IS R<br>ON<br>YES | ESIDEN<br>A FAR |
| d. N  3. NAJ DEC (Typ  5. SEX  100. US durin Ma. 13. FAT  15. WA (Yes. no.   | Woodsteel IAME OF HOSPITAL COLD COURT ME OF EASED OF OR PINH)  Male SUAL OCCUPATION ( ng most of working lif SONRY COT THER'S NAME   | Fire Color of Race White Give kind of work e, even if retired)                        | ROM<br>7- MARRI<br>WIDOWE | Middle STONES IFER ED MEYER MARRIED 6.  | d. STREET ADDRESS Old Court Lost  | Road<br>4. DATE      |                                      |            | Day        | YES [                | A FAR           |
| 3. NAI DEC (Typ 5. SEX durin Ma. 13. FAI 15. WA  | Male SUAL OCCUPATION ( ng most of working lif Sonary Cor THER'S NAME   | Fire Color of Race White Give kind of work e, even if retired)                        | ROM<br>7- MARRI<br>WIDOWE | Middle STONES IFER ED MEYER MARRIED 6.  | Old Court   | 4. DATE<br>OF        |                                      |            | Day        | YES [                | A FAR           |
| 5. SEX 100. US durin Ma. 13. FA1 15. WA (Yes. no.  | Male  Male  SUAL OCCUPATION of working lift  Sonary Cor  THER'S NAME   | Fir<br>RTHUR LE<br>COLOR OR RACE<br>White<br>Give kind of work<br>e, even if retired) | 7. MARRI<br>WIDOWE        | STONES IFER ED NEVER MARRIED 8.   | Lost  | 4. DATE<br>OF        |                                      |            | Day        | ١                    | fear            |
| 100. US<br>durin<br>Ma.<br>13. FAT   | Male  Male  SUAL OCCUPATION (  ng most of working lif  Sonary Cor  THER'S NAME   | COLOR OR RACE White Give kind of work e, even if retired)                             | 7. MARRI<br>WIDOWE        | ED X NEVER MARRIED 8.   | DATE OF SIRTH   |                      | Januar                               | 200        |            |                      |                 |
| 100. US<br>durin<br>Ma.<br>13. FA1   | Male SUAL OCCUPATION ( ng most of working lif Sonary Cor THER'S NAME   | White Give kind of work e, even if retired)   | WIDOWE                    |   | DATE OF SIRTH   |                      |                                      | v 27       | 196        | 1                    | 19              |
| 13. FAT<br>15. WA<br>(Yes. no.   | SUAL OCCUPATION ( ng most of warking lif SONARY CON THER'S NAME  | Give kind of work<br>e, even if retired)  |                           | D DIVORCED  |   |                      | 9. AGE (In years lost birthday)      |            | RIYEAR     | IF UND               | ER 24           |
| 13. FAT  | ng most of working lif<br>SONARY CON<br>THER'S NAME  | e, even if retired)   | done 10b.                 |   | June 18,1910  |                      | 50 yrs.                              | Months     | Days       | Hours                | Min.            |
| 13. FAT<br>15. WA<br>(Yes. no.   | Sonary Cor   |   |                           | KIND OF BUSINESS OR INDUST  |   | or foreign c         | ountry)                              | 12. C      | TIZEN O    | F WHAT               | COUN            |
| 13. FAT<br>15. WA<br>(Yes. no.   | THER'S NAME  |   |                           |   | Baltim  | one Md               |                                      |            |            |                      |                 |
| (Yes. no.  | Vernor   |   |                           |   | 14. MOTHER'S MAIDEN   | NAME                 |                                      |            |            |                      |                 |
| (Yes. no.  |  | Stonesi   | for                       |   |   | to 0                 |                                      |            |            |                      |                 |
| N  | AS DECEASED EVER IN  | U. S. ARMED FO  | RCES? 16.                 | SOCIAL SECURITY NO. 17. IN  | FORMANT   | ta Gro               | Address                              |            |            |                      |                 |
|  |  | rs, give war or dates of  | service)                  | 52_055_0572   | on Cladre T   | A                    |                                      | • 7 7      |            |                      |                 |
|  | CAUSE OF DEATH   | Enter only one car  | se per line               |   | s Gladys T.   | Armstr               | ong, Sykes                           | SVIL       |            | RVAL BETW            | FEM             |
|  | PART I. DEATH W  | AS CAUSED BY  | 12                        |   |   |                      |                                      |            | ONS        | ET AND DE            | ATH             |
|  | IMA  | EDIATE CAUSE (a)  |                           | rouchoff  | eumou   | a                    |                                      |            | -          | 300                  | ay              |
|  | ナイノス   | DUE TO  |                           |   |   |                      |                                      |            |            |                      |                 |
|  | anditians, if any,<br>we rise to immediate   | couse   |                           |   |   |                      |                                      |            |            |                      |                 |
|  | ), stating the under   |   |                           |   |   |                      |                                      |            |            |                      |                 |
|  |  | ) (c)   |                           | ANITAIDHITINIC TO BEATH BUT AN  | OT 851 1 TO TO TO THE OFF   |                      |                                      |            |            |                      |                 |
| CERTIFICATION<br>V SING<br>V | PARI II. OTHER S   | IIGNIFICANT CON   | DITIONS CO                | ONTRIBUTING TO DEATH BUT N  | OI KELATED TO THE TERM  | IINALDISEASI         | E CONDITION GIV                      | EN IN PA   |            | PERFC                | RMED            |
| 5 000  | EVERNIAL CALLES  | la  |                           |   |   |                      |                                      |            |            | YES 🗌                | NO              |
| PRI  | MARY OF DEATH.   | BUTING [  | b. DESCRIB                | E HOW INJURY OCCURRED. (Er  | nter nature of injury in Pa   | rt I or Port II      | of item 18.)                         |            |            |                      |                 |
|  |  | 1   | lan.                      |   |   |                      |                                      |            |            |                      |                 |
| 20c  | Hour a.m.  | Month, Day, Yea   | ar 20d.<br>While          | Not while 20e. PLAC   | E OF INJURY (Home, fari<br>ry, street, affice bldg., etc                                  | n. 20f. (City        | ar tawn)                             | (C         | ounty)     |                      | (Stat           |
| WE WE  | p. m.  | 19  |                           | rk at work  |   |                      |                                      |            |            |                      |                 |
| 21   | . I certify that   | I took charge   | of the                    | remains described above   | e, held on Autops   | y 🔲 , Ir             | spection X.                          | Inqu       | iry 🛐      | , and                | find            |
| de   | eoth resulted fro  | m: Noturol  | causes 5                  | Accident [], Suic   | ide [], Homicide  | e [], Ur             | ndetermined c                        | ouse [     | ].         |                      |                 |
|  | /  |   | × /                       | 1 1   |   | - 27                 |                                      | - 10       | To a       |                      |                 |
|  | CTUAL SNATURE  | erve c  | 70 //                     | Luca tork   | M.D. CHIEF MEDICAL E  | XAMINER [            |                                      |            |            | DATE S               | HONED           |
|  |  | 1   |                           | 7 0   | ASSISTANT MEDIC   | AL EXAMINE           | R                                    |            | **         |                      |                 |
| EX<br>NA   | AMINER'S   | rge E. Bu   | retori                    | C M D   | DEPUTY MEDICAL  | EXAMINER T           | 1                                    |            | ייי ר      | 67                   |                 |
| _  | RIAL, CREMATION,<br>MOVAL (Specify)  |   |                           | 22c. NAME OF CEMETERY OR C  |   |                      | TION (City, town, o                  | or countyl | T=2-1      | (Stot                | el              |
|  | MOVAL (Specify)  | 1/2/7   | 21/6/                     | W0006A  |   | 4.                   | DLAWA                                |            | 49-        | 70.01                | -,              |

5M 9/55

# FOR STATE HEALTH DEPT.

please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fire page 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 74MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 1. PLACE OF DEATH  | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) |
|--|---|
| a. COUNTY HOWER d MARYLAND   | a. STATE  b. COUNTY   |
| b. CITY OR TOWN (if outside corporate limits.  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)      |
| write RURAL and give neerest town)   |   |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)   | Blackstone d. STREET ADDRESS  |
| Centennial Lane  | 83X-3 ON A FARM?  |
| 3. NAME OF First Middle  | Last 4. DATE Month Dey Year   |
| (Type or print)  DEALIA TOOMER   | OF DEATH Jan. 19. 1961 19   |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B   | DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.                   |
| Female Colored WIDOWED DIVORCED  | 7-13-1889 Annih Deys Hours Min.   |
| 10e. USUAL OCCUPATION (Give kind of work done during most of working tite, even if retired)  |   |
| At Home  | Vincinia  |
| 13. FATHER'S NAME  |   |
| XXXXXXX Benjamin Toomer  | MAKAWAN Dealia Davis  |
|  | NFORMANT Address  |
| (Yes, no, or unkown) (Ifyasgivewerordatasofservice) None He  | lon Crith C minusial Tax = Tall 11 cts and  |
| 1B. CAUSE OF DEATH  Enter only one cause for line for (e), (b), and (c).]  | len Smith, Centennial Lane, Ellicott City, Md   |
| PART I. DEATH WAS CAUSED BY:   | ONSET AND DEATH   |
| MAMEDIATE CAUSE (a) Color Carry  | 10 min  |
| DUETO  |   |
| Conditions, if any, which geve rise to immediate cause   |   |
| (e), stating the undarlying DUE TO   |   |
| cause lest. (c)  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO   | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY        |
| EV CONTRACTOR OF THE CONTRACTO | PERFORMED?  |
| 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (I   | inter natura of injury In Part t or Part II of itam 1B.)                              |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20e. EXTERNAL CAUSE WAS PRIMARY  or CONTRIBUTING  CAUSE OF DEATH.  |   |
|  | CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)                        |
| Hour a.m.  While Not While at work et work   | ory, shoot, office bidgs, etc.,   |
| 21. I certify that I took charge of the remains described above, he  | ld an Autopsy . Inspection Inquiry . and in my opinion                                |
| death resulted from: Natural causes Accident . Suic  | ide, Homicide, Undetermined manner  |
| 20114  | CHIEF MEDICAL EXAMINER  |
| ACTUAL Money of Herbert  | ASSISTANT MEDICAL EXAMINER DATE SIGNED  |
| SIGNATURE  | DEPUTY MEDICAL EXAMINER D   |
| EXAMINER'S /homas T. Herbert, A  | (11), Address (Street, city, town, or county)   |
| 226. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF   |   |
| Burial 1-23-61 Blackstone  |   |
| 23. FUNERAL DIRECTOR ADDRESS   | 240. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE                                  |
| F.C. Higinbothom, Ellicott City, Md  | DATEJAN 23'61 arthur S. Krous   |

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VR A1S (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

66737

| 1             | PLACE OF DEATH  | Howard   |                               | MARYL  | AND     | 2. <b>USUAL RESI</b><br>a. STATE | Md.                       | ere deceased           | lived. If institution b. COUNTY           |                  | owar       | - /   |
|---------------|---|--|-------------------------------|--|---------|----------------------------------|---------------------------|------------------------|---|------------------|------------|---|
|               | b. CITY OR TOWN (IF RURAL and give ne Elkrid                                    |  | s, write                      | c. LENGTH OF STAY IN   | N 16    |                                  | own (If a                 |                        | ate limits, write R                       | URAL ond gi      | ve nearest | tawn)                                       |
|               | OP INSTITUTION  | AL (If not in hospitol, gi<br>2010 Furn                |                               |  |         | d. STREET A                      |                           | nace                   | Ave.                                      |                  | 0          | RESIDENCE<br>IN A FARM?<br>S NO (A)         |
| 3.            | NAME OF<br>DECEASED<br>(Type or print)  | Firs   | ewis                          | Middle C T C   | Ome     | Lasi                             |                           | 4. DATE<br>OF<br>DEATH | Mon<br>Jai                                |                  | Doy<br>27  | Yeor<br>19 61                               |
| 1             | sex<br>male   | 6. COLOR OR RACE white                                 | 7. MARRI<br>WIDOWE            | DIVORCED   | 8       | 11/21,                           | 1889                      |                        | 9. AGE (In years last birthdoy) 71 y 1978 | Months [         | Doys Ho    | UNDER 24 HRS.<br>ours Min.                  |
|               | during mast of work   | N (Give kind of work ding life, even if retired) PEMAN | one 10b. I                    | & O R.R.   |         |                                  | yland                     | 1                      | ountry)                                   |                  |            | A .   |
| -             |   | . Toomey   |                               |  |         |                                  |                           | E. Sci                 | hwake                                     |                  |            |   |
|               | S. WAS DECEASED EVER  | IN U. S. ARMED FORG                                    |                               | SOCIAL SECURITY NO.  | 17. INF | ORMANT                           |                           | 3. 00.                 | Add                                       | ress             |            |   |
| 1             | Yes, no, or unknown) (  | If yes, give war or dates of se                        | rvice)                        |  | F       | rances                           | L. 1                      | oome                   | v 2010                                    | Furna            | ce A       | ve. #2                                      |
| MOLECULA TION | arr   | nmediate DUE TO (c)  ER SIGNIFICANT COND               | DITIONS C                     | My ODEAT OF THE PROPERTY OF TH | 0       | war                              | 2 /                       | The                    | c for                                     | VEN IN PART  24y | PI         | VAS AUTOPSY<br>ERFORMED?                    |
|               |   | MEDICAL EXAMINER)  Y Manth, Doy, Yea  19               | r 20d. IN<br>While<br>of work | Not while  | Oe. PLA | CE OF INJURY (I                  | Home, form<br>bldg., etc. | , 20f. (City           |   |                  | ounty)     | (Stote)                                     |
|               | saw the deceas<br>220. SIGNATURE<br>22c. PHYSICIAN'S                            |  | attend                        | ed the deceosed for 2719 d. ond t  | hat de  | /-                               | G ME                      | :7H                    | the causes on                             |                  |            | (I) (we) last ated abave.  22b. DATE SIGNED |
|               | NAME (Type)  3a. BURIAL, CREMATIO REMOVAL (Specify) Burial 4. FUNERAL DIRECTOR: | 1/30/6   | F<br>1                        | nbaugh, M.  23c. NAME OF CEMEN  Loudon P  ADDRESS  | ark     |                                  | ery                       | 23d. LOCAT             | TION (City, town, timore, RAR 25b, REGI   |                  | vlano      | Md.<br>(Stote)                              |
|               | Howard H.   | . Hubbard  | 410                           | 7 Wilkens  | Av      | e.                               | DATE                      | 3 1 '6'                | 1 an                                      | Umg S. 9         | Trans      |   |

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 743 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY e. STATE b. COUNTY Howard Howard Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give neeres! town Elkridge Elkridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hapital, give street address) d. STREET ADDRESS funer retained 6100 Race Road State 6100 Race Road 3. NAME OF 4. DATE Middle Month DECEASED and 3 to the OF (Type or print) Roger Da.16
6. COLOR OR RACE 7. MARRIED NEVER MARRIED DEATH with 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA may b Page 5 ma s 1 and 2 w 72 hours e last birthday) Months WIDOWED Male DIVORCED 24 hours after 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDU RY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired In pencil in Item 18. Give Pages 1, Office along with form PM3. Page USA Indianapolis. None pages within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Brenda Tucker Unknown certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. 6 (Yas, no, or unkown) | (If yas giva war or dates of service) Cecil Tucker 6100 Race Rd., Elkridge, Md. No None 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c), Office along w burial-transit p PART I. DEATH WAS CAUSED BY: neumonia IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if any, which (b) "pending" gave risa to immadiata causa Examiner's 10 DUE TO (a), steting the underlying SE 0 causa last. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION cremati should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of Injury In Part I or Part II of item 18.) bage 3 short to burial, PRIMARY TO OF CONTRIBUTING TO GDICAL EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) fectory, street\_office bldg., etc.) Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy 🗶 Inspection Inquiry X death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY **EXAMINER'S** NAME (Type) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 6 240 Pk. Meadowridge 24a, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE VS. A15ME York Road 0 Sons Co. arthur & Kraus 5M 7/59 Md. DATE JAN 1

MARYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE ON A FARM?

YES NOT

1961

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(Stata)

and in my opinion

DATE SIGNED

(Stata)

Year

Day

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# TO HOSPITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-straining permit. Then please remove could propers. Pages 1 and 2 should be filed with the registror prior to burial, cremation, ar removal, and in any event within 72 hours differ death.

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 744

**CERTIFICATE OF DEATH** 

Die No 66739

|  | Reg. Dist. 140.0 0 0 0  |
|--|---|
| 1. PLACE OF DEATH o. COUNTY MARYLAN  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY  |
| b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)   | b c. CITY OR TOWN to outside corporate limits, write RURAL and give nearest town)   |
| d. NAME OF HOSPITAL Alf not in hospitol, give street address) OR INSTITUTION 301 Saltunal  | d. STREET ADDRESS  Buttamase average (STREET ADDRESS )  1 Buttamase (STREET ADDRESS |
| 3. NAME OF DECEASED (Type or print) Mary and Middle  | Leatley 4. DATE Month 13 Day Fear Pear 18 1961  |
| 5. SEX  6. COLOR OF RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED  | January 27 1885 75-yrs. Months Doys Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IN during rost of working life, even if retired)  | Il Haward Co Maryland USA   |
| 13. FATHER'S NAME William Wheatley   | Hannah Matilda Martin   |
| 15. MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. (If yes, give wor or dotes of service) 217-01-426  | 1 Mrs Giles Williams Sang To  |
| 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  | dial nestatesfin  |
| Conditions, if any, which gave rise to immediate   | velusion 15'  |
| couse (o), stoting the under-  | ·lerois 10 yr.  |
| 5 Emphysen   | BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO   |
| (IF EITHER, NOTIFY MEDICAL EXAMINER)   | RRED. (Enter nature of injury in Part I or Part II of item 1B.)   |
| ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour o. m. 19 While Nat while of work of wark   | PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)  |
| 21. I certify that lattended the deceased from and that deceased from all that deceased from the d | orth occurred at 3 A M, from the couses and on the date stated above.   |
| ACTUAL SIGNATURE Frank Sulpanns  | ADDRESS (Street, city or town, state)  DATE SIGNED  M.D.  |
| PHYSICIAN'S FRANK WEAVER SR  |   |
| 220. BURIAL, CREMATION, 22b. DAJE THEREOF 22c. NAME OF CEMETER)  | Cemetery Sange Md,  |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS   | PALE JAN 20'61 CALLER S. KINATURE   |

|      |      | ATO TO STA  | CERTIFIC | 272 |  |
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